

| Dental Plans Comparison Chart           |   |   |   |   |   |
|---|---|---|---|---|---|
|   | SAFEGUARD   | DELTACARE   | DELTA DENTAL PLAN   |   |   |
|   |   |   | PREFERRED PROVIDER OPTION (PPO)   | IN-NETWORK  | OUT-OF-NETWORK  |
| Type of Plan                            | An HMO-style dental plan                            | An HMO-style dental plan                            | A dental plan that offers two provider networks and out-of-network benefits |   |   |
| Annual Deductible                       | None  | None  | None  | \$50/person; \$150/family   | \$50/person; \$150/family   |
| Annual Maximum Benefit                  | None  | None  | \$1,750/person  | \$1,750/person  | \$1,750/person  |
| <b>COVERED SERVICES PREVENTIVE CARE</b> |   |   |   |   |   |
| Cleaning                                | 100% (two every 12 months)                          | 100% (two every 12 months)                          | 100% (two per calendar year)  | 85% of covered charges (no deductible on first two cleanings per calendar year) | 85% of R&C (no deductible on first two cleanings per calendar year) |
| Exam                                    | 100%  | 100%  | 100% (two per calendar year)  | 85% of covered charges (two per calendar year)                                  | 85% of R&C (two per calendar year)                                  |
| Full Mouth X-Rays                       | 100% (one every 24 months)                          | 100% (one every 24 months)                          | 100% (one every five years)   | 85% of covered charges (one every five years)                                   | 85% of R&C (one every five years)                                   |
| <b>BASIC SERVICES</b>                   |   |   |   |   |   |
| Emergency Treatment                     | \$5 copay   | \$5 copay   | 100% of covered charges   | 85% of covered charges  | 85% of R&C  |
| Extractions                             | 100% (except \$50 copay for bony impactions)        | 100% (except \$50 copay for bony impactions)        | 85% of covered charges  | 85% of covered charges  | 85% of R&C  |
| Fillings                                | 100%  | 100%  | 85% of covered charges  | 85% of covered charges  | 85% of R&C  |
| General Anesthesia                      | \$30 copay for medically necessary extractions only | \$30 copay for medically necessary extractions only | 85% of covered charges for oral surgery only                                | 85% of covered charges for oral surgery only                                    | 85% of R&C for oral surgery only                                    |
| Gingivectomy                            | \$55 copay/quadrant                                 | \$55 copay/quadrant                                 | 85% of covered charges  | 85% of covered charges  | 85% of R&C  |
| Root Canals                             | \$45 copay/canal                                    | \$45 copay/canal                                    | 85% of covered charges  | 85% of covered charges  | 85% of R&C  |
| <b>MAJOR SERVICES</b>                   |   |   |   |   |   |
| Bridges                                 | \$60 copay/unit                                     | \$60 copay/unit                                     | 50% (once every five years)   | 50% (once every five years)   | 50% of R&C (once every five years)                                  |
| Crowns                                  | \$60 copay/crown                                    | \$60 copay/crown                                    | 85% (once every five years)   | 85% (once every five years)   | 85% of R&C (once every five years)                                  |
| Dentures                                | \$70 copay/complete upper or lower denture          | \$70 copay/denture                                  | 50% (once every five years)   | 50% (once every five years)   | 50% of R&C (once every five years)                                  |
| Orthodontia                             | \$1,000 copay + \$150 start-up fees                 | \$1,150 copay + \$350 start-up fees                 | 50% (\$1,200 lifetime maximum)  | 50% (\$1,200 lifetime maximum)  | 50% (\$1,200 lifetime maximum)                                      |
| TMJ                                     | Not covered   | Not covered   | Not covered   | Not covered   | Not covered   |

| Contact Information                         |              |              |                            |
|---|--------------|--------------|----------------------------|
| Contact                                     | Phone Number | Fax Number   | Website                    |
| <b>BENEFITS SYSTEM</b>                      |              |              |                            |
| Benefits Enrollment                         | 888-822-0487 | 310-788-8775 | www.mylacountybenefits.com |
| <b>COUNTY DEPARTMENT OF HUMAN RESOURCES</b> |              |              |                            |
| Benefits Hotline                            | 213-388-9982 | N/A          | http://dhr.lacounty.info/  |
| <b>MEDICAL</b>                              |              |              |                            |
| UnitedHealthcare HMO                        | 800-367-2660 | N/A          | www.healthyatcola.com      |
| UnitedHealthcare Choice Plus PPO            | 800-367-2660 | N/A          | www.healthyatcola.com      |
| Kaiser Permanente                           | 800-464-4000 | N/A          | www.kp.org/countyofla      |
| <b>DENTAL</b>                               |              |              |                            |
| SafeGuard                                   | 800-880-1800 | N/A          | www.safeguard.net          |
| DeltaCare                                   | 800-422-4234 | N/A          | www.deltadentalins.com     |
| Delta Dental                                | 888-335-8227 | N/A          | www.deltadentalins.com     |
| <b>SPENDING ACCOUNTS</b>                    |              |              |                            |
| Benefit Concepts, Inc.                      | 866-629-6436 | 866-629-6390 | www.mylacountybenefits.com |
| <b>LIFE AND AD&amp;D</b>                    |              |              |                            |
| CIGNA Life                                  | 800-842-6635 | N/A          | www.mycigna.com            |



# 2013

## medical and dental plans comparison chart

### What's Inside

This benefits comparison chart provides you with an overview of your *Options* benefits medical and dental plans. Use these charts to compare the features and services offered by the different plans. You can also use it for quick reference now and in the future about the benefits of the plans you select.

Take some time to also review the Enrollment Highlights Guide and Personalized Enrollment Worksheet you received with this comparison

chart for descriptions of your benefits plan options, information about premium rates and the *Options* monthly benefit allowance.

Once you've chosen your plans for 2013, you should save this comparison chart so you can refer to it throughout the year.

Remember, information about your *Options* benefits plans is also available online 24-hours a day, seven days a week using **mylacountybenefits.com**.

### Is This Covered?

To find out if a specific benefit is covered or to learn more about a certain benefit, contact the plan provider or review the Evidence of Coverage document that can be found on each provider's website. You'll find phone numbers and website addresses in the Contact Information section of this chart.

This comparison chart provides a general overview of the *Options* benefits medical and dental plans. It is provided for your convenience and is not intended to be detailed or comprehensive. Additional details about your benefits are available in other official plan documents, including official summary plan descriptions. To request a copy of an official plan document, contact the plan's customer service department directly. Contact information can be found on the back page of this comparison chart.

# 2013 Options Medical and Dental Plans Comparison Chart



| Medical Plans Comparison Chart      |  |   |  |  |
|-------------------------------------|--|---|--|--|
|                                     | KAISER PERMANENTE HMO  | UNITEDHEALTHCARE HMO  | UNITEDHEALTHCARE CHOICE PLUS PPO   |  |
|                                     |  |   | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>Type of Plan</b>                 | A group model HMO with its own hospitals, outpatient facilities, staff physicians, nurses and other health care professionals  | An HMO that contracts with private hospitals, medical groups and individual private practice physicians for services at negotiated rates  | A medical plan that allows you to choose an in-network PPO provider or an out-of-network provider each time you need care  |  |
| <b>Annual Deductible</b>            | None   | None  | \$300/person<br>\$1,500/family   | \$1,500/person<br>\$3,000/family   |
| <b>Annual Out-of-Pocket Maximum</b> | \$1,500/person<br>\$3,000/family   | \$1,000/person<br>\$2,000/family  | \$5,000/person<br>\$15,000/family  | \$15,000/person<br>\$45,000/family   |
| <b>Lifetime Maximum Benefit</b>     | Unlimited  | Unlimited   | Unlimited  |  |
| <b>PREVENTIVE CARE</b>              |  |   | <b>PREVENTIVE CARE</b>   |  |
| <b>Immunizations</b>                | No charge  | No charge   | No charge  | No charge for covered amounts  |
| <b>Periodic Health Evaluations</b>  | No charge  | No charge   | No charge  | No charge for covered amounts  |
| <b>MEDICALLY NECESSARY CARE</b>     |  |   | <b>MEDICALLY NECESSARY CARE</b>  |  |
| <b>Ambulance</b>                    | No charge if medically necessary   | No charge if medically necessary  | 20% copay after deductible   | 20% copay after deductible   |
| <b>Doctor Office Visit</b>          | \$10 copay/visit; no charge pediatric visit to age 5   | \$10 copay/visit; no charge pediatric visit to age 5  | 20% copay, no deductible   | 50% copay after deductible   |
| <b>Emergency Room</b>               | \$50 copay; waived if admitted (see plan booklet for a description of emergency services)  | \$50 copay (waived if admitted)   | 20% copay after deductible   | 20% copay after deductible (50% if admitted)                                 |
| <b>Hospital Care</b>                | No charge  | No charge   | 20% copay after deductible   | 50% copay after deductible   |
| <b>Maternity</b>                    | \$10 copay for office visit to confirm pregnancy; no charge thereafter   | No charge   | 20% copay after deductible   | 50% copay after deductible   |
| <b>Prescription Drugs</b>           | \$5 copay generic and \$20 copay brand name for up to 100-day supply for each medication prescribed by a Kaiser physician or any dentist and filled at a Kaiser pharmacy<br>Sexual dysfunction drugs: 50% co-pay (limitations apply) | Pharmacy: \$5 copay generic; \$20 copay brand name (30-day supply) Mail order: \$10 copay generic; \$40 copay brand name (90-day supply)<br>Sexual dysfunction drugs: 50% copay (limitations apply) | Pharmacy: \$5 copay Tier 1; \$20 copay Tier 2; \$35 copay Tier 3 (31-day supply) Mail order: \$10 copay Tier 1; \$40 copay Tier 2; \$70 copay Tier 3 (90-day supply).<br>Sexual dysfunction drugs: 50% copay (limitations apply) | Not covered  |
| <b>Surgery</b>                      | Inpatient: No charge<br>Outpatient: \$10 copay   | No charge   | 20% copay after deductible   | 50% copay after deductible   |
| <b>X-Ray &amp; Lab Tests</b>        | No charge  | No charge   | 20% copay, no deductible   | 50% copay, no deductible   |
| <b>MENTAL HEALTH CARE</b>           |  |   | <b>MENTAL HEALTH CARE</b>  |  |
| <b>Hospital Outpatient Care</b>     | \$10 copay per individual visit/<br>\$5 copay per group visit  | \$10 copay/visit  | 20% copay after deductible for covered charges   | 50% copay after deductible for covered charges                               |
| <b>Hospital Inpatient Care</b>      | No charge  | No charge   | 20% copay after deductible   | 50% copay after deductible   |
| <b>OTHER PLAN BENEFITS</b>          |  |   | <b>OTHER PLAN BENEFITS</b>   |  |
| <b>Home Health Care</b>             | No charge within Kaiser area (up to 2 hours/visit; 3 visits/day; 100 visits/calendar year)   | \$10 copay  | 20% copay/visit after deductible<br><br>(up to 100 visits/calendar year; combined in- and out-of-network)  | 50% copay after deductible preauthorization required                         |
| <b>Hospice Care</b>                 | No charge  | No charge   | 20% copay after deductible   | 50% copay after deductible   |
| <b>Physical Therapy</b>             | \$10 copay/visit   | \$10 copay/visit  | 20% copay, no deductible   | Not covered  |
| <b>Skilled Nursing Facility</b>     | No charge (up to 100 days/benefit period)  | No charge (up to 100 days/condition)  | 20% copay after deductible<br><br>(up to 30 days; combined in- and out-of-network)   | 50% copay after deductible   |
| <b>Vision Care</b>                  | No charge for refraction exam; does not cover glasses  | \$10 copay for eye exam (1 every 12 months)<br>\$10 copay for lenses and frames (1 pair every 24 months)  | \$10 copay for eye exam (1 every 12 months)<br>\$10 copay for lenses & frames (1 pair every 24 months), no deductible  | Coverage limited to reimbursement provided under VSP out-of-network schedule |

**Important Note:** The County believes each of these plans is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Benefits Hotline at 213-388-9982. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov) and [www.healthcare.gov](http://www.healthcare.gov).